

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4		2					
5		2					
6		2					
7		2					
8		2					
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50							
TOTAL IND.		7					
TOTAL DEP.		27					
TOTAL CLAIMS		29					

	IND	DEP	IND	DEP	IND	DEP
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